



The Edinburgh Academical Football Club

Medical Emergency Action Plan 2023/24

Ambulance entry points

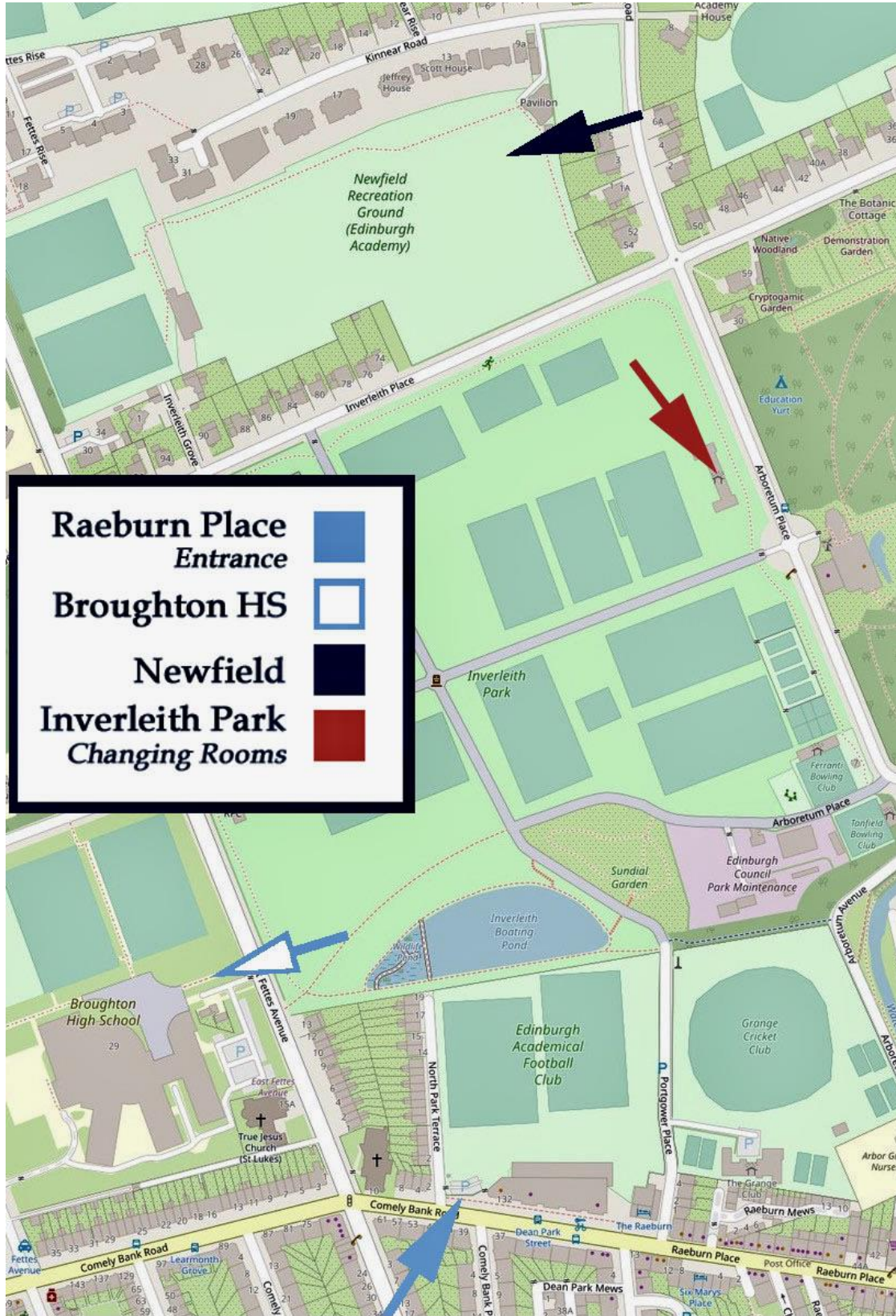
Whenever an ambulance is requested, someone must be allocated to the ambulance entry point to direct the ambulance to their parking point.

Main playing, training and clubhouse facility - 124c Raeburn Place, EDINBURGH, EH4 1HG -
Ambulance entrance through car park first right up North Park Terrace ('P' adjacent to light blue arrow on the map below). The gates will be open if ambulance called.

Inverleith Park (EH3 5NZ) - Ambulance entrance through gates opposite the west entrance to the Edinburgh Botanical Gardens, Arboretum Road. The changing rooms and pitch. The pitch is adjacent to the changing rooms (red arrow on map below).

Broughton High School (EH4 1EG) - Ambulance entrance through the Broughton High School gate 100 yards up East Fettes Avenue from the traffic lights with Comely Bank Rd (the blue and white arrow on map below).

Edinburgh Academy, New Field Sports Field (EH3 5PG) - Ambulance entrance is first left on Kinnear Road, signposted The Edinburgh Academy, New Field Sports Field (navy blue arrow on map below). See appendix 1 for more details of New Field facilities.



Nearest Hospital Facilities

For minor injuries - Patients with strains, sprains, suspected broken bones, wounds etc should call NHS 24 on 111 to make an appointment at one of Lothian's Minor Injuries Units;

- The Western General Hospital, EDINBURGH, EH4 2XU
- The Royal Infirmary of Edinburgh, EDINBURGH, EH16 4SA or
- St John's Hospital, LIVINGSTON, EH54 6PP

The appointment scheduling system offers video call or face-to-face consultations.

For major injuries and ambulances - A & E, Royal Infirmary Edinburgh, EH16 4SA

The Royal Infirmary Edinburgh (RIE) is at Little France, EH16 4SA - six miles south of all the facilities we use on the A7, inside the City Bypass (A720). All significant illness requiring an ambulance response will be taken to RIE, phone 0131 536 1000.

There is a GP bypass line (calls given priority) - **for use by a referring medic only** - on 0131 228 5923.

Equipment:

- An Automated External Defibrillator (AED) is held behind the clubhouse bar except for 1XV home matches when it will be pitch side. There is also an Automated External Defibrillator at New Field in the pavilion between the all-weather pitches and rugby pitches

Available pitch-side at all 1XV 'home' matches -

- AED
- Oxygen
- Entonox
- Spinal board with head blocks and spider straps
- Split Board
- Box splint
- Vac splints
- Moonboot
- Crutches x 2 pairs
- Resus bag (large red bag)- equipment for advanced ABCDE management including emergency drugs
- Physio bag: includes wound care equipment
- Doctors bag / trolley: includes suture kit and wound management equipment, emergency drugs

Available pitch side at all Junior XV 'home' matches

- Physio bag: includes wound care equipment

All equipment and drugs are periodically checked (weekly-monthly as required) and the equipment bags sealed for next usage.

Internal Support Personnel

First XV – home match day

- Doctor: Andy McIntosh (SCRUMCAPS level 3)
- Physio: Catriona Hewitt (SCRUMCAPS Level 3)
- When needed locum match-day medical and/or physio cover, which will meet the minimum recommendation of SCRUMCAPS level 2 certified, is provided.

Junior XV's – home match day

- Whenever possible a qualified Physio will be present

Club training nights

- Physio: Catriona Hewitt (SCRUMCAPS level 3)

Other qualified first Aiders –

- Iain Berthinussen First Aid in Rugby (FAIR)
- Ross Young First Aid in Rugby (FAIR)
- Chris Martin (Emergency First Aid)

External Support Personnel

E AFC do not contract match-day paramedic/ambulance services.

Communication:

Contact details for main Club contacts;

- Club Manager, Stuart Baillie – 0748 807 6044
- Club Bar Manager, Sean Bennett – 0746 217 9705
- Club Doctor, Andrew McIntosh – 0787 567 7493
- Club Physio, Catriona Hewitt – 0773 931 9386

Process in event of an EMERGENCY medical situation:

The initial responder, or any untrained personnel in the case of no trained person available,

- Act promptly and call immediately for professional medical help and/or call 999.
 1. Speak to the player, are they unconscious?
 2. Check **airway** - remove mouth guard if loose.
 3. Check **breathing**, are they breathing abnormally?
 4. If unconscious and breathing abnormally or in doubt about cardiac arrest, call for help/999, start basic life support. Bring the AED to the casualty.
 5. If no airway, breathing or circulation problem and suspected spinal or other serious injury **DO NOT MOVE THE PLAYER**. Wait until a properly qualified person is able to supervise the procedure.
 6. Stay with the player and continue communication.
 7. Keep player warm until professional help arrives.

E AFC personnel response to an injury:

- First responder (usually Physio) attends casualty on pitch. The doctor may also automatically attend or be signalled to come onto the pitch by the physio.
- SCRUMCAPS principles will be followed:
 1. 'SAFE' approach, communicate with the match officials and stop play if required.
 2. Initial assessment, resuscitation, re-evaluation, stabilisation, package and removal from pitch to the most appropriate environment for ongoing medical care (pitch side, medical room, 999 ambulance).
 3. Handover to ambulance crew / A&E as required.
- Other pitch side members of the coaching and management team will be called upon as necessary to assist with bring medical equipment on to the pitch and with patient evacuation from the pitch as required.
- The Team Manager (can be delegated to the Club Manager) will coordinate logistics around ambulance access to the facility and communication with the on-site facilities management team and casualty's next of kin / designated contact person.

Concussion:

- SRU concussion policy and Scottish Guidance for U19 and over 19s, non-elite rugby, will be followed for players of both teams, overseen by the EAFC match doctor.
 1. Recognise and Remove
 2. Appropriate immediate assessment, management and post-match advice
 3. EAFC players will have concussion/GRTP managed by the EAFC doctor

Blood Injuries

Bleeding players will be removed from the field if bleeding does not stop with simple on field measures or a significant open wound is present.

NB. When treating any player, gloves should be worn to protect the player and the first-aider from possible transmission of blood borne diseases such as HIV and hepatitis. All blood injuries must be managed appropriately to prevent cross-contamination with blood before a player can return to the game. The final decision on return to the field rests with the match doctor. Any items that have been contaminated by blood must be sealed in a plastic bag and safely discarded.

Major haemorrhage:

SCRUMCAPS principles will be followed.

Cardiac Arrest:

The Automated External Defibrillator is located behind the Club bar and will be pitch-side for 1XV home matches.

Follow first responder basic life support principles according to level of training.

Follow the 'Chain of Survival' (appendix 1):

- Early recognition
- Call for help
- Early and effective basic life support (as per UK Resuscitation Council algorithm)
- Early defibrillation (with the Automated External Defibrillator) & 999 call

Major Incident: Evacuation Plan EAFC facility

The Main clubhouse has multiple entrances/exits and clearly signed emergency exits and assembly points.

Follow-up Timelines

Injury follow up by the medical team will be by phone/private messaging the following day as required. Injury and rehab clinics are on Tuesday and Thursday evenings.

Info for Visiting Teams

The full EAFC Medical Emergency Action Plan will be made available to visiting teams prior to each match.

Appendix 1

Cardiac Arrest Chain of Survival

Cardiac arrest occurs when the heart stops beating. Without a heartbeat, there is no blood getting to the brain and other vital organs.

The player will be unresponsive to stimulation and have no signs of life (i.e., no movement at all)

The circulation must be supported using basic life support and chest compressions in combination with attempts to restart the heart (with a defibrillator), otherwise the brain will die or become severely damaged within 5-10 minutes.



Skill - Chest compressions

- Kneel by the side of the victim.
- Place the heel of one hand in the centre of the chest (lower half of breastbone).
- Place the heel of your second hand on top of the first.
- Interlock the fingers. Make sure you press only on the breastbone, not the ribs or upper stomach.
- From a vertical position above the chest and with straight arms, press down 5-6cm.
- After each compression, relax the pressure, but maintain contact with the skin. Perform continuous compressions at a rate of roughly 2 per second.
- Compression and release should take equal amounts of time.
- PUSH HARD, PUSH FAST, DON'T STOP



The importance of defibrillation

Treatment with effective CPR and defibrillation can improve survival for out of hospital cardiac arrest from 8% to 60%. The defibrillator (AED) is the key step in this improvement.

Each minute's delay in failing to use the defibrillator (AED) results in a 10% decrease in the chance that it will be successful. So, wait five minutes, and that's only a 50% chance of success.

Recommendations state that defibrillation should occur within three minutes of cardiac arrest. So, the AED (in the front pocket of the blue resus bag) needs to be close to the playing area and applied to the chest of the player ASAP in a suspected cardiac arrest.